

**NEW YORK STATE  
GAMING COMMISSION**



**MULTI JURISDICTIONAL PERSONAL HISTORY  
DISCLOSURE SUPPLEMENTAL FORM**

<b>APPLICANT NAME</b>	
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<b>APPLICATION INSTRUCTIONS</b>
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<b>I. COMPLETING THIS FORM:</b>
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A.	Complete this form if required to file the Multi Jurisdictional Personal History Disclosure Form.
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B.	Read each question carefully prior to answering. Answer every question completely. Do not leave blank spaces. If a question does not apply to you, indicate "Does not apply" in response to that question. If there is nothing to disclose in response to a particular question, write "None" in response to that question. The Commission will not review your Application unless you provide a response to every question.
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C.	All entries on this Application, except signatures, must be typed or printed in block lettering using dark ink. The Commission will not review your Application if it is illegible or if you have modified any of the questions or preprinted information in this Application.
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D.	If the space available is insufficient to respond to a question, you are to supply the required information on an attachment page and clearly identify which question you are answering.
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E.	All required documentation must be submitted at the time of filing this form. The Applicant is under a continuing duty to notify the Commission within ten (10) days if there is a change in the information contained in a filed Application.
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F.	All authorizations, waivers, and releases must be signed by the Applicant or its designated representative or signatory.
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<b>II. BEFORE YOU SUBMIT THIS FORM TO THE COMMISSION, BE SURE THAT:</b>
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A.	You have signed and notarized the Affidavit, Release Authorization, Consent to Inspections, Searches and Seizures and Waiver of Liability Forms.
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B.	You have answered every question completely.
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C.	You retain a completed copy of this form for your own records.
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<b>III. FILING THIS FORM WITH THE COMMISSION</b>
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A.	A complete Application consists of this Form, and all Attachments.
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B.	Please consult the Commission's website for filing and payment instructions. Once your Application is accepted, it becomes the property of the Commission and may not be withdrawn without the permission of the Commission.
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<b>IV. BACKGROUND INVESTIGATIONS</b>
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	Pursuant to Sections 1317 and 1322 of N.Y. Racing, Pari-Mutuel Wagering and Breeding Law, the Commission shall cause to be commenced an investigation into the suitability of the Applicant.
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<b>V. IMPORTANT NOTICES</b>
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A.	Should you be unable to fully understand this form or any other form, in English, it is your responsibility to acquire adequate means of translation.
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B.	Applicants for a Commission License are seeking a privilege. The burden of proving qualifications to receive such a license is at all times borne by the Applicant.
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C.	The Applicant must accept any risk of adverse public notice, criticism, embarrassment, other action or financial loss that may result from action or inaction by the Commission with respect to any Application, and Applicant shall expressly waive any claim for damages resulting thereof. The Commission may further request information not requested in this Application or in addition to that which is provided in response to this Application. The Applicant shall provide all information, documents, materials and certifications at the Applicant's sole expense and cost.
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D.	All notices regarding your Application will be sent to the address that you provide on this form. You must immediately notify the Commission of any change of address.
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E.	The Applicant must make accurate statements and include all material facts. Any omissions, material errors, misrepresentations, failure to provide any requested information, or failure to meet any other requirement as set forth in law or rule may result in the denial of the Application, the imposition of fines, or the suspension or revocation of any
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		license issued by the Commission.
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	F.	Pursuant to Article 6 of the N.Y. Public Officers Law, certain information submitted, collected, or gathered as part of an Application to the Commission may be confidential and not subject to disclosure under the Freedom of Information Law. The Applicant should clearly identify those portions of the Application that it deems to be lawfully subject to withholding from the Freedom of Information Law, specifically identifying the appropriate exemption for disclosure.
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	G.	In accordance with the Privacy Act of 1974, 5 U.S.C. 552a, disclosure of a social security number is voluntary. Failure to disclose a social security number is not grounds for denial of the Application. If provided, the Commission will use the social security number to obtain and verify information in the Application. The absence of a social security number on the Application may delay the final determination of the Application.
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	H.	A Gaming License issued by the Commission is a revocable privilege and is not transferable. No licensee has a vested right in or under a Gaming License issued by the Commission
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<b>VI. DEFINITIONS AND FORMATTING</b>
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	A.	The definitions in Section 1301 of the N.Y. Racing, Pari-Mutuel Wagering and Breeding Law and the rules promulgated thereunder apply to this Application and shall control.
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	B.	Where relevant, formatting for dates should reflect day, month and year.
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<b>ITEM 1.</b>	<b>IDENTIFICATION</b>
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In the chart below, provide the following information about the gaming license Applicant or Licensee with which you are, or are seeking to be, associated:

Name of Entity	
Nature of Position with or Interest in such Entity	

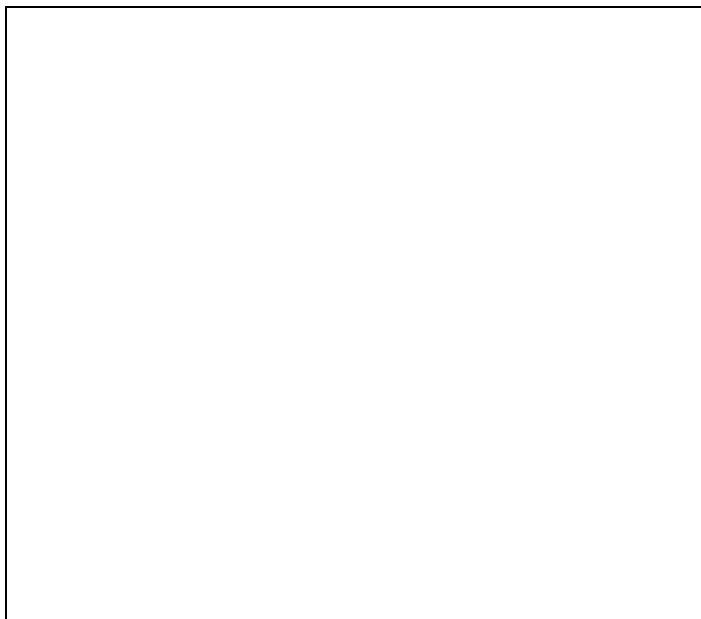
<b>ITEM 2.</b>	<b>REASON FOR FILING</b>
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Check all appropriate boxes below indicating the reason for submitting this Application.

A.	I am applying in association with a(n):	
	<input type="checkbox"/>	Gaming Facility License Applicant
	<input type="checkbox"/>	Entity holding a direct or indirect ownership interest in a Gaming Facility License Applicant
	<input type="checkbox"/>	Gaming-related Vendor Applicant
B.	I am applying for a(n):	
	<input type="checkbox"/>	Initial license
	<input type="checkbox"/>	Renewal license
C.	I am a:	
	<input type="checkbox"/>	Principal
	<input type="checkbox"/>	Key Employee
	<input type="checkbox"/>	Other: _____

<b>ITEM 3.</b>	<b>CURRENT PHOTOGRAPH</b>
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Affix a color photograph taken within the last six (6) months in the box below.
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<b>ITEM 4.</b>	<b>CITIZENSHIP</b>
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Are you a citizen of the United States?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If you are a naturalized citizen of the United States, attach a copy of your Certificate of Naturalization and label as Attachment 4A.
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If you are not a citizen of the United States, please complete the following table.
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The country of citizenship	
Place of birth	
Port of entry to the United States	
Name and address of sponsor upon arrival	

If you are not a United States citizen, but you are a legally authorized permanent resident alien or you are authorized to be employed in the United States, please provide your U.S. Citizenship and Immigration Services (USCIS) "A" number or
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other USCIS authorization in the space provided below, and attach to this form a copy of your USCIS identification card and/or any other USCIS document that conditions or restricts your employment labeled as Attachment 4B.

USCIS "A" number

**ITEM 5. CERTAIN BUSINESS AND OTHER INTERESTS**

A.	Do you have any ownership interest, financial interest, or financial investment in any business entity applying to, or presently licensed by, the N.Y.S. Gaming Commission?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If yes, complete the following chart:

Name and Address of Business Entity	Nature and Amount of Interest	Percentage of Ownership

B.	During the last ten (10) year period, have you held a five (5) percent or greater interest in or been a director, officer, or principal employee of any entity that:		
1.	Has made or has been charged with (either itself or through third parties acting for it) bribes or kickbacks to any government official, domestic or foreign, to obtain favorable treatment or to any company, employee or organization to obtain a competitive advantage?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.	Has held a foreign bank account or has had authority to control disbursements from a foreign bank account?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.	Has maintained a bank account, or other account, whether domestic or foreign, which was not reflected on the books or records of the business?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.	Has maintained a domestic or foreign numbered bank account or other bank account in a name other than the name of the business?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.	Has donated or loaned corporate funds or corporate property for the use or benefit of, or for the purpose of opposing, any government, political party, candidate or committee either domestic or foreign?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

6.	Has compensated any of its directors, officers or employees for time and expenses incurred in performing services for the benefit of or in opposition to any government or political party domestic or foreign?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7.	Has made any loans, donations or other disbursements to its directors, officers or employees for the purpose of making political contributions or reimbursing such individuals for political contributions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you have answered 'Yes' in relation to any question within Item 5. B., please include a narrative as Attachment 5B. fully detailing the facts and circumstances regarding such.

## **ITEM 6. TAXATION**

A.	Complete the following chart as to your last filed Federal Income Tax Return Form 1040.		
1.	Date Filed		
2.	Period Covered		
3.	IRS Office Location		

Attach to this application and label as Attachment 6A a copy of each IRS Form 1040 and 1040X (Amended Return) and all appropriate schedules filed by you in the last five years. If you and your spouse filed separate tax returns for any year in the last five (5) years, also attach a copy of your spouse's tax returns.

B.	Has your Federal Income Tax Return ever been audited or adjusted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If yes, please include as Attachment 6B a narrative describing the nature and resolution of the audit and tax year(s).

C.	Have you ever failed to file Federal or State Income Tax returns?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If yes, please include as Attachment 6C a narrative indicating what year and reasons for the failure.



D.	Have you or your spouse ever filed any type of tax return, statement or form in any jurisdiction outside the United States within the last ten years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If yes, complete the following chart:

TAX YEARS(S) FILED	COUNTRY FILED	AMOUNT OF TAX

Attach to this application and label as Attachment 6D a copy of each such tax return and all appropriate schedules or other attachments required by the tax authorities of the foreign jurisdiction.

#### **ITEM 7. REFERENCES**

Complete five copies of Attachment 7, providing the names and other information requested of five (5) references over the age of eighteen (18) who have known you for at least one (1) year and can attest to your good character and reputation. No person can be a reference who is a member of your family or resides in your household. Family members include spouse, parents, grandparents, children, grandchildren, siblings, uncles, aunts, nephews, nieces, fathers-in-law, mothers-in-law, sons-in-law, daughters-in-law, brothers-in-law, and sisters-in-law whether by whole or half blood, by marriage, adoption or natural relationship.

#### **ITEM 8. ATTACHMENTS**

On the following chart indicate with a checkmark (✓) which attachments are included with this application. If an attachment is not applicable, indicate N/A. Please note that attachment numbers with an asterisk (\*) are attachments you are to provide or create and do not contain corresponding charts.

ITEM	ATTACHMENT DESCRIPTION	STATUS
4A	CERTIFICATE OF NATURALIZATION	
4B	INS DOCUMENTATION	
5B	CERTAIN BUSINESS AND OTHER INTERESTS	

6A	IRS FORM 1040 / 1040X AND ALL APPROPRIATE SCHEDULES	
6B	AUDIT NARRATIVE	
6C	FAILURE TO FILE NARRATIVE	
6D	FOREIGN RETURNS AND SCHEDULES	
7	REFERENCES	

- END -

<b>ATTACHMENT 4A</b>	<b>CERTIFICATE OF NATURALIZATION</b>
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Use this page as a cover to any attachment(s)
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<b>ATTACHMENT 4B</b>	<b>USCIS DOCUMENTATION</b>
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Use this page as a cover to any attachment(s)
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<b>ATTACHMENT 6A</b>	<b>IRS FORM 1040 / 1040X AND ALL APPROPRIATE SCHEDULES</b>
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Use this page as a cover to any attachment(s)
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Form Number	Tax Year







<b>ATTACHMENT 6D</b>	<b>FOREIGN RETURNS AND SCHEDULES</b>
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Use this page as a cover to any attachment(s)
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Foreign Jurisdiction	Tax Year

<b>ATTACHMENT 7</b>	<b>REFERENCES</b>
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Complete five (5) copies of this Attachment, providing the names and other information requested of five (5) references over the age of eighteen (18) who have known you for at least one (1) year and can attest to your good character and reputation. No person can be a reference who is a member of your family or resides in your household. Family members include spouse, parents, grandparents, children, grandchildren, siblings, uncles, aunts, nephews, nieces, fathers-in-law, mothers-in-law, sons-in-law, daughters-in-law, brothers-in-law, and sisters-in-law whether by whole or half blood, by marriage, adoption or natural relationship.

Name of Reference	
Home Address	
Business Address	
Occupation	
Home Telephone	
Business Telephone	
Mobile Telephone	
Personal Email Address	
Business Email Address	
Years Known	

## AFFIDAVIT

STATE OF \_\_\_\_\_:

SS:

COUNTY OF \_\_\_\_\_:

I, \_\_\_\_\_  
(NAME)

being duly sworn according to law, on my oath, depose and say that I make this statement on behalf of the entity, and that the above statements are true and correct to the best of my knowledge and belief, and that this statement is executed with the knowledge that any misrepresentation or failure to reveal information may be deemed sufficient cause for the refusal to issue, or the revocation of, a license. Further, that I am voluntarily submitting this statement and understand that misleading statements may subject me to criminal or other sanctions or punishment.

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_, before me, the undersigned notary public, personally appeared \_\_\_\_\_, proved to me through satisfactory evidence of identification, to be the person who signed the preceding or attached document in my presence, and who swore or affirmed to me that the contents of the document are truthful and accurate to the best of (his)(her) knowledge and belief.

\_\_\_\_\_  
Notary Public

## RELEASE AUTHORIZATION

To All Courts, Probation Departments, Selective Service Boards, Employers, Educational Institutions, Banks, Financial and Other Such Institutions, and all Governmental Agencies – federal, state and local, without exception, both foreign and domestic.

I, \_\_\_\_\_  
(NAME)

have authorized the New York State Gaming Commission, and its authorized agents and representatives to conduct a full investigation into the background of said entity.

Therefore, you are hereby authorized to release any and all information pertaining to the said entity, documentary or otherwise, as requested by any employee, agent or representative of the New York State Gaming Commission provided that he or she certifies to you that said entity has an application pending before the New York State Gaming Commission or that said entity is presently a licensee or registrant required to be qualified or licensed under the laws of the State of New York.

This authorization shall supersede and countermand any prior request or authorization to the contrary.

A photostatic copy of this authorization will be considered as effective and valid as the original.

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

On this \_\_\_\_ day of \_\_\_\_\_ 20\_\_, before me, the undersigned notary public, personally appeared \_\_\_\_\_, proved to me through satisfactory evidence of identification, to be the person who signed the preceding or attached document in my presence, and who swore or affirmed to me that the contents of the document are truthful and accurate to the best of (his)(her) knowledge and belief.

\_\_\_\_\_  
Notary Public

## CONSENT TO INSPECTIONS, SEARCHES AND SEIZURES

I, \_\_\_\_\_ ,  
(NAME)

hereby consent to all inspections, searches and seizures and the supplying of handwriting exemplars required by the New York State Gaming Commission or its agents.

The said entity is aware of its right secured by the Constitution of the United States and by the Constitution of the State of New York not to consent to such inspections, searches and seizures and I expressly waive and forego that right on behalf of said entity.

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

On this \_\_\_\_ day of \_\_\_\_\_ 20\_\_, before me, the undersigned notary public, personally appeared \_\_\_\_\_, proved to me through satisfactory evidence of identification, to be the person who signed the preceding or attached document in my presence, and who swore or affirmed to me that the contents of the document are truthful and accurate to the best of (his)(her) knowledge and belief.

\_\_\_\_\_  
Notary Public

## WAIVER OF LIABILITY

I, \_\_\_\_\_,  
(NAME)

hereby waive liability as to the State of New York and its instrumentalities and agents, for any damages resulting to the said entity from any disclosure or publication in any manner, other than a willfully unlawful disclosure or publication, of any material or information acquired during the licensing process or during any inquiries, investigations or hearings.

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

On this \_\_\_\_ day of \_\_\_\_\_ 20\_\_, before me, the undersigned notary public, personally appeared \_\_\_\_\_, proved to me through satisfactory evidence of identification, to be the person who signed the preceding or attached document in my presence, and who swore or affirmed to me that the contents of the document are truthful and accurate to the best of (his)(her) knowledge and belief.

\_\_\_\_\_  
Notary Public

## NOTIFICATION AND AUTHORIZATION FORM FOR EMPLOYMENT CREDIT REPORT

I authorize the \_\_\_\_\_ to obtain a credit report on myself through the credit reporting agency of its choice. This authorization, or reproduction thereof, shall remain in effect for a period of one year from the date of execution of this document.

If an adverse employment decision is made due totally or partially to the information on the credit report, the Credit Bureau will give me a copy of the credit report, a summary of my rights under the Fair Credit Reporting Act, and the source of the credit report so that I may contact them, if I wish.

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Applicant Investigator:** This form should be completed in conjunction with the background investigation of the Applicant. This form is not to be sent to any Credit Bureau. The original is to be retained in the Applicant's file to verify compliance with the Fair Credit Reporting Act and will be purged when the Applicant's file is purged. The Applicant should be provided a copy of this form.

**Applicant:** The Federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every consumer reporting agency (CRA). Most CRAs are credit bureaus that gather and sell information about you -- such as if you pay your bills on time or have filed bankruptcy -- to creditors, employers, landlords, and other businesses (FCRA, 15 U.S.C. 1681-1681u).

Congress has limited the use of consumer reports to protect consumer privacy. All users must have a permissible purpose under the FCRA to obtain a consumer report. Section 604 of the FCRA contains a list of the permissible purposes under the law. Including:

- For employment purposes, including hiring and promotion decisions, where the consumer has given written permission (Sections 604(a)(3)(B) and 604(b)).
- For pre-adverse and adverse action letters, you may contact the following to dispute any information you believe to be incorrect, in accordance with the FCRA: